

**2012-2013 Before & After School Program
Wooster High School
REGISTRATION FORM**

Student Name _____

Home Address _____

City, State, ZIP _____

Parent/Guardian Name(s) _____ Home Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Child's Birthday ____/____/____ Age ____ Grade this year _____

Additional people authorized to pick up my child and to be considered emergency contacts if parents/guardians cannot be reached.

	Name	Phone Number
1.		
2.		

I plan to use the program (check all that apply)

____ In the morning (7-7:45am) ____ In the afternoon (2:30 -5:00pm)

____ My child has permission to participate fully in the activities of the Before and/or After School program. I understand that I will be notified in advance of any field trips. I also waive any liability to Wooster City Schools and any staff associated with the 21st Century Community Learning Center while participating in these activities and field trips. I give permission for my child to be transported by bus for field trips for which I have given prior permission. I understand that it is my responsibility to transport my child to and from the Before & After School Program and my home and give permission for my child to be transported by a transportation company home from the program. I also understand that information on emergency medical forms currently on file in the WHS office will be used if any medical treatment needs provided.

____ I give permission for my child to be photographed while participating in the program for the purpose of publicity (news articles, newsletters, media productions).

____ My child has permission to have snacks in the afternoon and breakfast in the morning. Please list any medical problems, food allergies or non-food allergies below:

Parent/ Guardian Signature _____ Date: _____

Please complete a separate registration form for each child.

Questions, call Wooster High School (330)345-4000 x3004 or

Matt Knight at (330)345-4000 ext. 3120